# JC20 Rec'd PCT/PTO 0 6 MAY 2005

### **Patent Application Data Sheet**

A	lac	lication	on In	forma	ation
---	-----	----------	-------	-------	-------

Application Type:

Regular

Subject Matter:

Utility

Suggested

Classification:

Suggested Group Art

Unit:

CD-ROM or CD-R?:

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable

Form (CRF)?:

No

Number of copies of CRF:

Title:

PHARMACEUTICAL DELIVERY SYSTEMS AND

METHODS FOR USING SAME

**Attorney Docket Number:** 

12916-86

Request for Early

Publication?:

No

Request for Non-Publication?:

No

Suggested Drawing Figure:

4

**Total Drawing Sheets:** 

10

Small Entity?:

No

Latin Name:

Variety denomination

name:

Petition included?:

No

41 3

Petition Type:

Licensed US Govt.

Agency:

**Contract or Grant** 

Numbers:

Secrecy Order in

Parent Appl.?:

**Applicant Information** 

**Inventor Authority Type:** 

Inventor

**Primary Citizenship** 

Country:

Canada

Status:

**Full Capacity** 

Given Name:

David

Middle Name:

L.

Family Name:

Reynolds

Name Suffix:

Mr.

City of Residence:

**Bromont** 

State or Prov. Of

Residence:

Quebec

Country of Residence:

Canada

Street of mailing address:

50 rue de Gaspe, Complex B-5

City of mailing address:

**Bromont** 

State or Province of

mailing address:

Quebec

نود ارود

Country of mailing address:

Canada

Postal or Zip Code of

mailing address:

**J2L 2N8** 

#### **Correspondence Information**

**Correspondence Customer** 

Number:

001059

Phone Number:

416-364-7311

Fax Number:

(416) 361-1398

E-Mail Address:

sbrowne@bereskinparr.com

**Representative Information** 

Representative

**Customer Number:** 

001059

#### **Domestic Priority Information**

Application:	Continuity Type:	Parent	Parent Filing
		Application:	Date:
This Application	Provisional	60/424713	08/11/02

#### **Foreign Priority Applications**

Country:

Application

Filing Date:

**Priority Claimed** 

Number:

PCT

PCT/CA2003/001713 November 7, 2002

Yes

Control of the second of the s

## **Assignee Information**

Assignee name:
Street of mailing address:
City of mailing address:
State or Province of
mailing address:
Country of mailing address:
Postal or Zip Code of
mailing address: